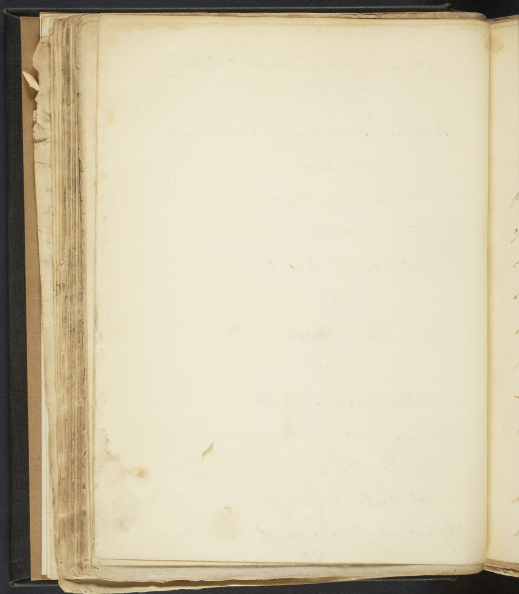


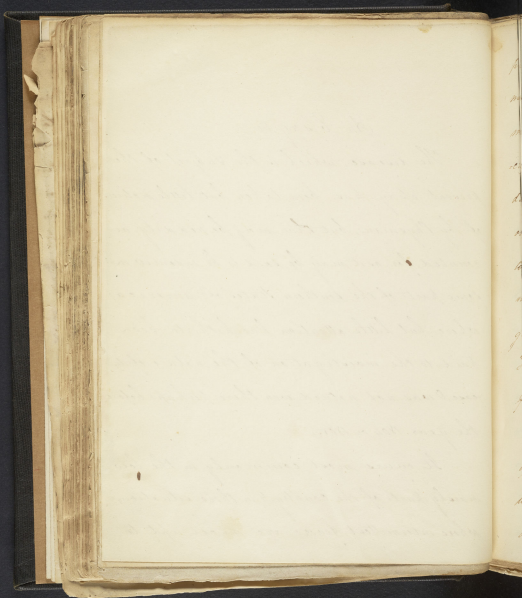
An Inaugural Dissertation,
on the
Bilious pneumonia of S. Carolina,
submitted
to the examination
of the
Medical Professors,
of
The Provost,
and of
The Trustees of the
University of Pennsylvania,
for the Degree
of Doctor of Medicine
By Hardy Hosking of S. Carolina.
1809.



An Essay &c.

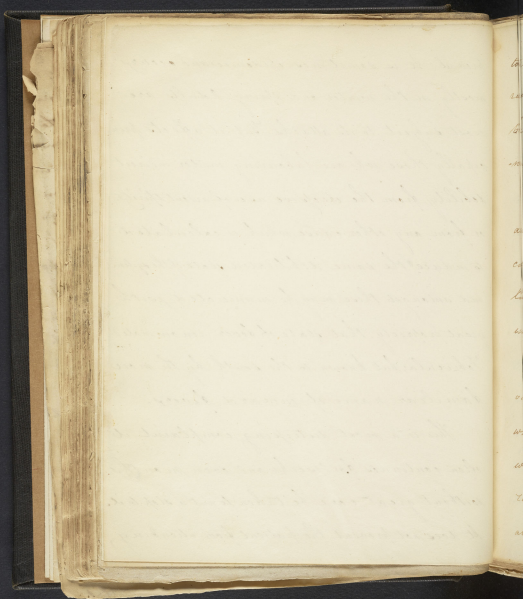
The disease, which is the subject of the present essay, has been taken but little notice of by Physicians, but this may be readily accounted for, as it may be said to be endemic in some parts of the Southern States of America, where but little attention has hitherto been paid to the investigation of the nature of disease, & was not noticed even there perhaps before the year 1804 or 1805.

It occurs most commonly in the low marshy parts of the country, & in those situations where intermittent fevers are most apt to



prevail. It is sometimes epidemic and occurs
mostly in the winter and spring. Adults are
most subject to its attacks. But it affects prin-
cipally those who are labouring under indirect
debility, from the deceptive use of ardent spirits
or from any other cause, which is calculated
to induce the same debilitated state of the system
and amongst these may be enumerated with
great propriety, that state of fever denominated
Tubercula; but known to the south by the more
familiar name of inward fever.

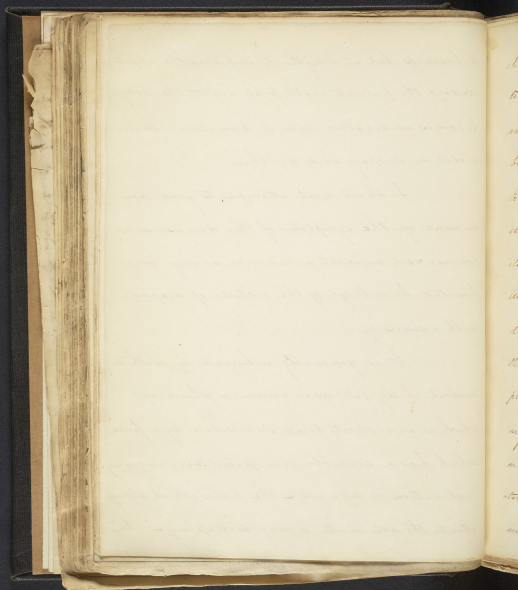
This is a most distressing complaint it
often continues for weeks and even months
without great care be taken to put a stop to it.
It does not prevent the patient from attending,



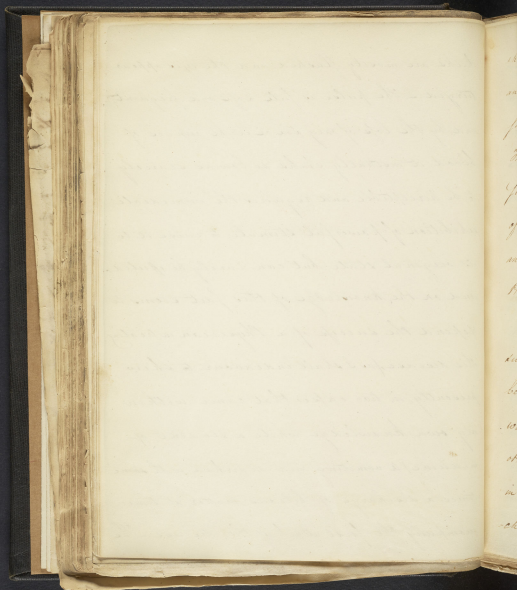
to business, but at length it impairs the appetite renders the patient restless at night, the body becomes emaciated, and it sometimes terminates in Dropsy and death.

I shall next attempt to give an account of the symptoms of this disease in as concise and accurate a manner as my very limited knowledge of the nature of disease will admit of.

It is generally ushered in with a violent chilly fit (as in common pleurisy) which is, in a short time succeeded by a fever, which has a sensible remission every morning, respiration is difficult. — The pain, which always attends, tho' not acute, is very distressing. — The

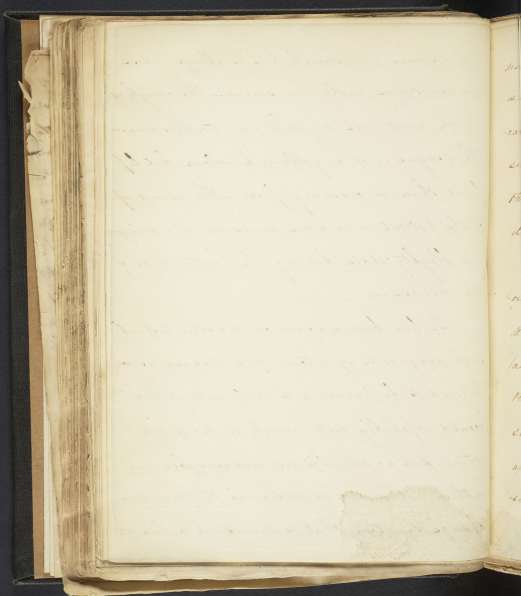


cheeks are mostly flushed, and the eyes appear
turgid. - The pulse is full, soft and frequent,
and by the loss of only six or eight ounces of
blood, it instantly sinks so low as scarcely
to be perceptible, and requires the immediate
administration of powerful stimuli, to raise it to
its normal state, but can rarely be effected,
and on the knowledge of this fact seems to
depend the success of a Physician in treating
this disease (as I shall endeavour to shew
presently, in two cases that came within
my own knowledge while a student of
medicine,) & vomiting and diarrhoea, with some-
times a discharge of bilious matter, at times
accompany the first attack of this disease. - The



skin assumes a yellowish hue, is always moist
and sometimes bathed in sweat. The cough is
for the most part, dry and very troublesome.
The tongue is of a yellowish colour, but less
furred than in ordinary fever. The mind of
of the patient is in some measure in a deranged
and flighty state during the continuance of
the disease.

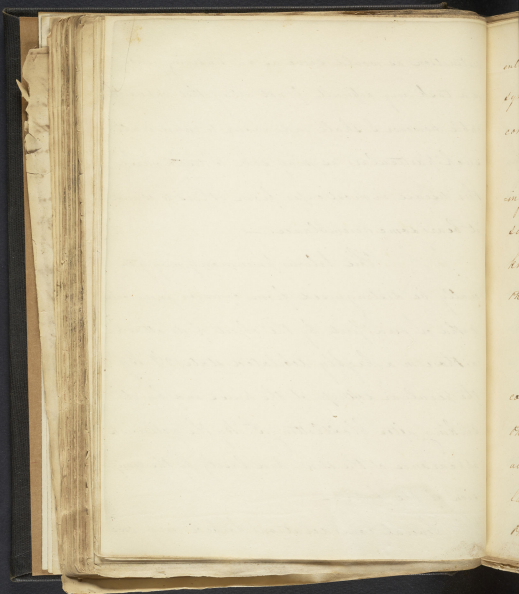
It has been a common practice to specify
such diagnostic symptoms of a disease, as were
believed to be peculiar to itself, and which
would infallibly distinguish it from all
others. But so variable are diseases become
in their nature, and so liable are they to inter-
change symptoms, that to draw such a line of



distinction as would serve as an unerring guide,
is a task very difficult if not altogether impracti-
cable. However I shall endeavour to enumerate
such particulars as may serve to distinguish
this disease in most cases from others to which
it bears some resemblance. —

The bilious pneumonia may gene-
rally be distinguished from common pneumonia
pneumonia or vera, first, by the object of its attack.
(as those in a highly debilitated state) 2^d By
the peculiar course of the pulse, and by its
sinking upon bloodletting. 3^d By the yellowish
appearance of the skin. And lastly by the emip-
sion of the urine. —

Several considerations forbid my en-

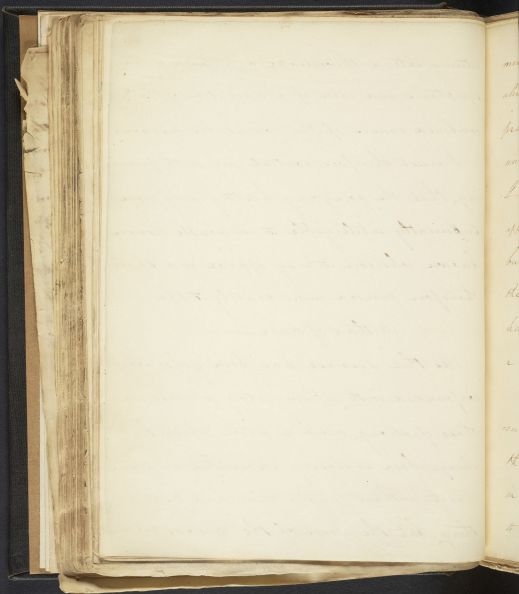


entering into a theoretical disquisition of the
symptoms and even of a narration of the
combined causes of this formidable disease.

I must therefore content my self with presum-
ing, that the foregoing history may prove
sufficiently intelligible to render the disease
known, whenever it may appear, and shall
therefore proceed immediately to the

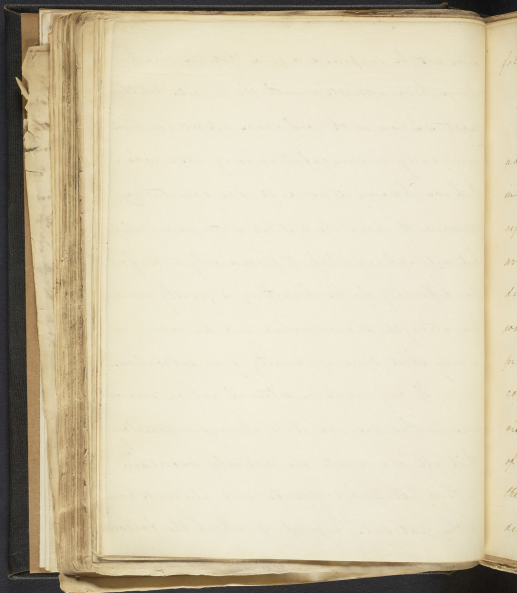
Method of Cure.

As this disease has been generally
confounded with inflammatory pleurisy or
those of strong morbid action, which have
always been so closely associated with the
lancet, without regard being had to any
thing but the name of the disease, we must



must not be surprised to find that the cure has
always been attempted with the lancet. But this
practice I can with confidence assert has been
universally unsuccessful, in every case where
I have known it used. It has sometimes
appeared to afford the patient a temporary relief,
but a temporary relief it proved only to be, for
the difficulty of his breathing is greatly increased,
his strength is diminished, and he expires in
a very short time, apparently from suffocation.

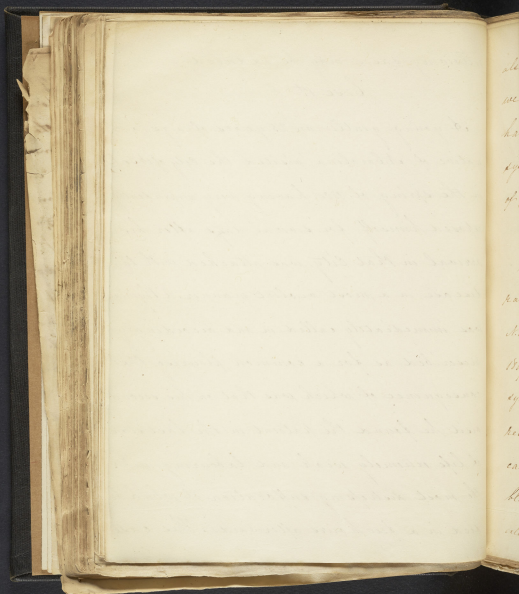
If any reflex arterial action ever oc-
curs in this disease, it is always so transitory,
that all evacuations are not only uncertain
in their effect, but unsafe, and always so harm-
ful to the patient. In proof of which the follow-



following cases may be adduced.

Case 1st

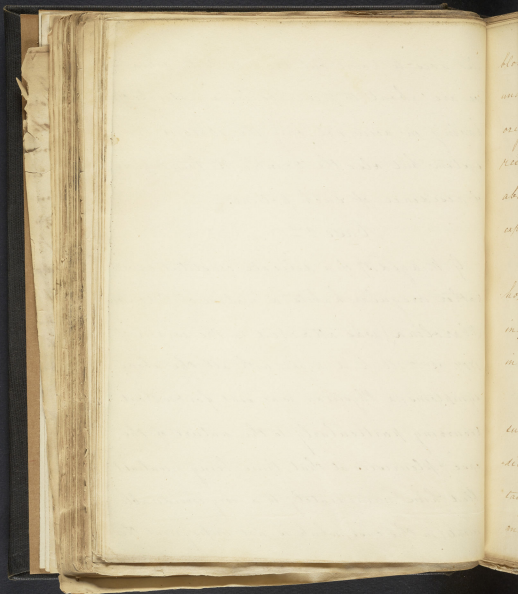
A young gentleman, 25 years of age, a native of Carolina, visited the City of Bath in the Spring of 1806. having very imprudently exposed himself for several days after his arrival in that City, was attacked with this disease, in a most violent manner. A Physician was immediately called in, and accordingly prescribed as for a common pleurisy, the consequence of which was, that on his second visit, he found the patient in the last stage of life, extremely weak and labouring under the most distressing suffocation, of which he died in a few hours afterwards. This case



also goes to point out the necessity, when we are about to prescribe for a patient, of having in view, not only the state of the system, but also the Country, its former place of residence of such patient.

Case 2nd

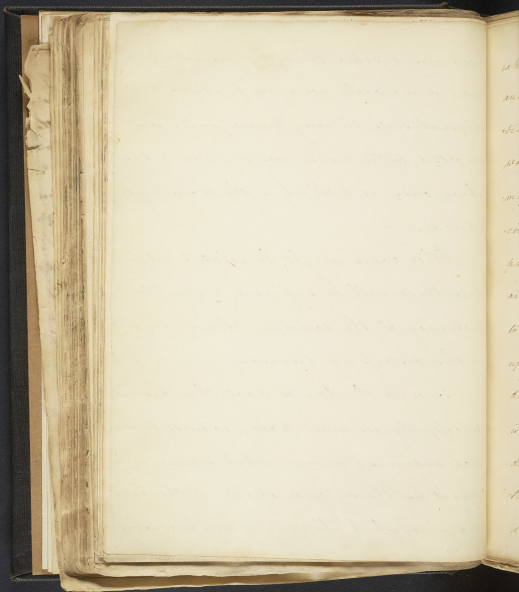
By W. aged 37 of a delicate constitution and rather irregular habits (a native of Edenton North Carolina) was attacked in the winter of 1807. at 12 o'clock at night, with all the above symptoms; a Physician was sent for & without recurring particularly to the nature of the case (Pleurisy at that time being prevalent) bled him immediately to a very considerable extent (in this case, which is not infrequent, the



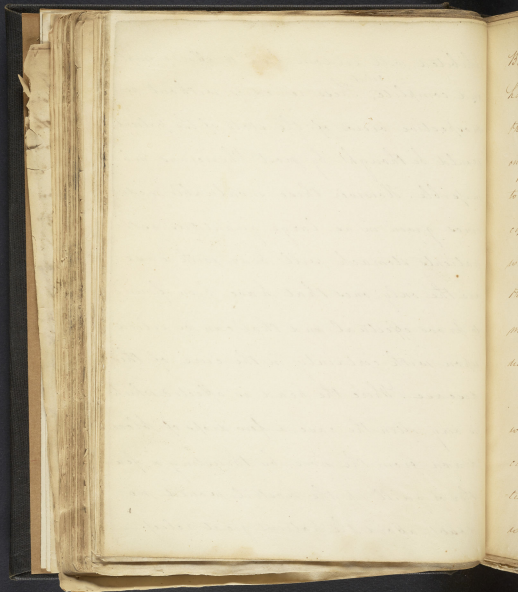
blood was absorbed) the system instantly sunk under it, and could not again be raised to its original state, the only proper means was resorted to. The result was similar to the above case, at 8 o'clock in the morning he expired.

Other cases might be related but I hope these will be sufficient to show the inefficacy of the depleting plan of cure in this distressing disease.

In order therefore to treat this disease successfully, we must have recourse to cordial medicines amongst which experience has taught us the superior efficacy of the bark and wine which if early and judiciously

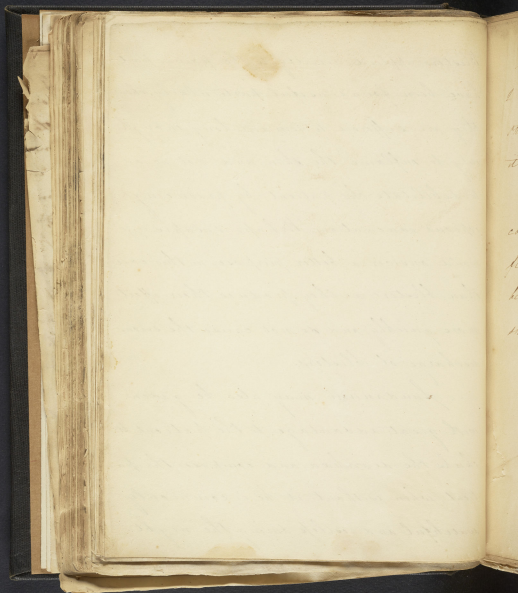


administered, will seldom fail to afford prompt
and complete ^{relief} these remedies, without per-
spective view of the state of the patient
would be thought by most Physicians im-
possible. However these invaluable medi-
cines given in as large quantities as the
patients stomach will bear with ease,
are the only ones that have been found
to prove effectual, and that can be relied
upon with certainty in the cure of this
disease. Where the head is affected, which
is very often the case, a few drops of blood
drawn from the nose, by thrusting a fea-
ther or quill up the nostril, would no
doubt afford the patient great relief.



Blisters applied directly to the pained part, have been found useful, particularly when they are suffered to remain long enough only to inflame the skin, and not so as to debilitate the patient, by producing copious evacuations. Perhaps sinapisms would answer a better purpose in this case, than blisters, as they produce their effect more quickly, and do not cause the easy discharge of blisters.

Laudanum may also be given with great advantage to the patient. It checks the diarrhoea, and composes the patient, when without it he is continually watchful and restless during the night.



The *Polygala senega*, as a cordial medicine
I have no doubt might do good in this disease
As I have not had an opportunity of seeing
it used. —

With these observations I must
conclude this very imperfect essay, and I
flatter myself that my indisposition will
be deemed a sufficient apology for the
shortness and incorrectness of it. —

